

ACTION NO. _____

FEE: _____
+ \$20 Documents Fee per request

MANITOU SPRINGS DEVELOPMENT REVIEW APPLICATION

606 Manitou Avenue, Manitou Springs, CO 80829
(719) 685-4398 (719) 685-5233 fax

REQUEST

- | | | |
|--|---|--|
| <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Minor Development |
| <input type="checkbox"/> Major Development | <input type="checkbox"/> Rezoning | <input type="checkbox"/> Vacation of R-O-W |
| <input type="checkbox"/> Vacation Plat | <input type="checkbox"/> Subdivision Waiver | <input type="checkbox"/> Easement Vacation |
| <input type="checkbox"/> Minor Annexation | <input type="checkbox"/> Major Annexation | <input type="checkbox"/> Floodplain Variance |

Major Subdivision (specify type)

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Master Plan | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Final Plat |
|--------------------------------------|---|-------------------------------------|

Variance (specify type and dimension)

- ☐ Front ____ ☐ Side ____ ☐ Rear ____ ☐ Height ____ ☐ Sign ____ ☐ Parking ____

Material Change of Appearance Certification

- | | | |
|--|--|--|
| <input type="checkbox"/> Exterior Alteration or Remodel* | <input type="checkbox"/> New Construction* | <input type="checkbox"/> State Tax Credits* |
| <input type="checkbox"/> Demolition Recommendation | <input type="checkbox"/> District Designation* | <input type="checkbox"/> Property Designation* |
| __ Commercial __ Residential | __ Local __ Nat. Register | __ Local __ Nat. Register |
| <input type="checkbox"/> Historic Sign Designation | | |

☐ Other _____

☐ Appeal to City Council*
* Not subject to Documents Fee

STREET ADDRESS: _____

CURRENT ZONING:

- | | | |
|---|--|--|
| <input type="checkbox"/> High Density Residential | <input type="checkbox"/> General Residential | <input type="checkbox"/> Low Density Residential |
| <input type="checkbox"/> Hillside Low Density Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Downtown <input type="checkbox"/> Other _____ |

APPLICANT NAME AND ADDRESS

Phone() _____ Fax() _____
Email _____

OWNER NAME AND ADDRESS

APPLICANT'S STATEMENT

I UNDERSTAND THE PROCEDURES THAT APPLY TO MY REQUEST AND ACKNOWLEDGE AN INCOMPLETE APPLICATION SHALL NOT BE SCHEDULED FOR COMMISSION/CITY COUNCIL REVIEW UNTIL SUCH TIME AS IT IS COMPLETE. ACCEPTANCE OF THE APPLICATION, FEE, AND ANY ACCOMPANYING MATERIALS BY THE CITY DOES NOT CONSTITUTE COMPLETENESS. I FURTHER AGREE TO REIMBURSE THE CITY FOR TECHNICAL AND PROFESSIONAL CONSULTANT EXPENSES THAT MAY BE INCURRED DURING THE REVIEW OF MY REQUEST. FAILURE TO REIMBURSE THE CITY FOR INVOICED EXPENSES CONSTITUTES AN INCOMPLETE APPLICATION AND THIS MATTER SHALL NOT BE SCHEDULED FOR PUBLIC HEARING OR FURTHER REVIEW.

APPLICANT'S SIGNATURE

DATE

OWNER'S STATEMENT

I HAVE READ AND AGREE TO THE ABOVE STATEMENTS. IN ADDITION, IF I AM NOT THE APPLICANT FOR THIS REQUEST, I FURTHER GIVE THE ABOVE DESIGNATED APPLICANT PERMISSION TO MAKE THE REQUEST ON MY BEHALF.

PROPERTY OWNER'S SIGNATURE

DATE